

# Physiotherapy Referral Form School District 84

*Back Active Physiotherapy, K. Danielle Lapointe (BSc PT, CAFCI)*

## **Personal Information**

Student Name: \_\_\_\_\_

Student Birthday: \_\_\_\_\_ Grade: \_\_\_\_\_

Teacher: \_\_\_\_\_

Teaching Assistant(s): \_\_\_\_\_

Parents: \_\_\_\_\_

Phone numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Favorite Things: \_\_\_\_\_

Goals: \_\_\_\_\_

## **Medical Information**

Diagnosis: \_\_\_\_\_

SPECIAL ALERTS: (eg. Allergies, medications) \_\_\_\_\_

Personal Health Number: \_\_\_\_\_

## **Referral Information**

Referral source: \_\_\_\_\_

Referral date: \_\_\_\_\_

What intervention/assessment is requested: \_\_\_\_\_

## **Consent**

I/We give permission for my/our child to be seen by the Physiotherapist of School District 84. \_\_\_\_\_ (parental signature(s)).